



**Professional Experience**

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. You must submit a Form 4A for every employer listed below. Your application will not be reviewed by the Board until a Form 4A for every employer listed has been received.

Endorser Number	Firm Name	Name of Endorser	Experience for Endorser		Experience Time Claimed (Yrs/Mos)
			From (mm/dd/yy)	To (mm/dd/yy)	
1			___ / ___ / ___	___ / ___ / ___	___ / ___
2			___ / ___ / ___	___ / ___ / ___	___ / ___
3			___ / ___ / ___	___ / ___ / ___	___ / ___
4			___ / ___ / ___	___ / ___ / ___	___ / ___
5			___ / ___ / ___	___ / ___ / ___	___ / ___
6			___ / ___ / ___	___ / ___ / ___	___ / ___
7			___ / ___ / ___	___ / ___ / ___	___ / ___
8			___ / ___ / ___	___ / ___ / ___	___ / ___
9			___ / ___ / ___	___ / ___ / ___	___ / ___
10			___ / ___ / ___	___ / ___ / ___	___ / ___

**Total Experience Time Claimed:** \_\_\_\_\_ / \_\_\_\_\_  
(Note: Total time claimed cannot exceed calendar time)

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.**